Performance

Report

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| Name of service: | Nirvana Hostel |
| Service address: | 20 Norman Street CLIFTON QLD 4361 |
| Commission ID: | 5257 |
| Approved provider: | Clifton Co-Op Hospital Ltd |
| Activity type: | Site Audit |
| Activity date: | 17 January 2023 to 20 January 2023 |
| Performance report date: | 16 February 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Nirvana Hostel (**the service**) has been prepared by K. Reed, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 14 February 2023
* other information an intelligence held by the Commission in relation to the service.

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Ongoing assessment and planning processes are required to include the consumer to ensure positive outcomes for consumers.
* Regular case conferences and care plan reviews with consumers and their representatives ensures the involvement of consumers and the understanding of consumers’ goals, needs and preferences.
* Wound management plans are required to contain sufficient information to support effective wound care delivery.
* Effective information management systems are required to ensure reportable incidents are identified, lifestyle preferences for consumers are recorded and wound care is delivered.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives confirmed staff treated consumers with dignity and respect. Staff were observed treating consumers with dignity and respect and understood the consumers’ individual choices and preferences. Staff consistently spoke about consumers in a way that indicated respect and an understanding of their personal circumstances. Care planning documentation reflected what was important to sampled consumers to maintain their identity. The organisation had documents and processes which outlined consumers’ right to respect and dignity.

Consumers and representatives described how staff value the consumers’ culture, values, and diversity. This included how the consumer’s culture influenced how staff delivered their care daily. Care planning documentation reflected consumers’ cultural needs and preferences. During entry processes, staff documented consumers’ individual values and cultural wishes, with further information included as staff became more familiar with the consumer. Whilst the consumers at the service did not express a range of culturally diverse needs or preferences, the service demonstrated it trained staff in cultural diversity, had access to resources relating to engaging consumers from different cultures and from diverse backgrounds including policies.

Consumers were supported to exercise choice and maintain their independence by making decisions about their care and services. Consumers were supported to nominate who they would like involved in their care, communicate their decisions, make connections with others and maintain relationships of choice. Care documentation for each consumer identified their nominated or appointed Enduring Power of Attorney or Next of Kin they wished to be involved in their care. Staff assisted consumers to maintain contact with their family during COVID-19 visitor restrictions and outbreaks, such as using an electronic tablet for video calls. Consumers were supported to maintain relationships of choice through receiving visitors to the service, undertaking outings to visit friends and family, and attending the service’s group activities.

Consumers were satisfied and supported by staff to take risks and live the best life they could. Staff described areas in which consumers wanted to take risks, how the consumer was supported to understand the benefits and possible harm when they made decisions about taking risk, and how consumers were involved in problem-solving solutions to reduce risk where possible. Training records supported the service had provided training in dignity of risk processes and managing consumers’ risk to enable the consumer to live the best life they could.

Consumers and representatives confirmed they received up to date information about activities, meals, COVID-19, and other events happening in the service. Staff advised consumers of changes to their appointments, and observations supported this. Posters and flyers of upcoming activities were observed on noticeboards and in rooms. The consumer handbook, which was provided to consumers on entry to the service, identified consumers were provided with information related to choices, including meals, activities, involvement of family in their care and services, and care provision. Consumer meeting minutes identified updated information was provided to consumers during the meeting and opportunities were provided for consumers to ask questions to management and attending staff if further clarification was required.

Consumers advised staff respected their privacy by knocking on the door before entering their room. Signs were available for consumers to display on their exterior door handles if they did not wish to be disturbed. Staff were observed to be respecting consumers’ privacy and confidentiality by keeping computers locked and using passwords to access consumers’ personal information in the electronic care system and holding clinical handover in private areas in workstations. The service had a ‘Privacy, Dignity and Confidentiality’ policy, and staff advised, and training records supported, they received privacy and confidentiality training in 2022. Consumers were provided with the Charter of Aged Care Rights in their Residential Accommodation Agreement and consumer handbook which explained how personal information was protected by the service.

This Standard is Compliant, as all six Requirements are Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Non-compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives expressed satisfaction with the assessment and care planning processes at the service. Care documentation included relevant assessment and risk identification for consumers such as falls, behaviours of concern, skin integrity, weight loss, infectious conditions, and specialised care needs. Staff demonstrated an understanding of risks to individual consumers’ health and wellbeing.

Consumers and representatives described how the assessment and care planning processes included consideration of consumers’ current needs, goals, and preferences. Care documentation identified care and service plans detailed consumers’ individual needs, goals and preferences, and staff demonstrated awareness of what matters to individual consumers. Care documentation identified inconsistent recording of consumers’ end of life wishes in the electronic care system, each consumer’s preference for resuscitation was documented on an emergency list. Management committed at the time of the site audit to the implementation of end of life assessments and statement of choices training.

Consumers and representatives confirmed they were involved in the assessment, planning and review of consumers’ care and services. Care planning documents reflected the consumer and others who were involved in assessment and planning, including Medical officers, external specialists, allied health professionals and aged care specialist groups. Management advised staff at the service met with consumer and representatives to discuss care and services when care, treatment and circumstances changed. However, the process was not consistent or regular for all consumers and the service was unable to demonstrate each consumer or representative had been offered an opportunity within the previous 12 months to discuss care and services with management. Following feedback, management advised a case conference schedule had been developed.

As part of the Approved provider’s response to the site audit report, two consumers who were noted to have deficiencies in their care planning or access to care plans, and were included in the Plan for continuous improvement and actions, evaluation and evidence was provided to remediate the issues identified. I am satisfied the two named consumers now have comprehensive care plans and have participated in case conferences with management and their representative.

A care plan schedule and case conference due dates were also submitted as part of the Approved provider’s response to the site audit report. Case conference dates were noted to be annual and recorded on the anniversary date of the consumer’s entry to the service. A review of the case conference dates evidenced two consumers were overdue for case conferencing, one consumer was due for a case conference on 23 December 2022 and the second consumer was due for a case conference 01 February 2023. Given these two consumers were overdue for case conferences, I am not convinced the care plan review and case conference schedule process has been imbedded into the service’s usual processes. This information has influenced my decision in deciding Requirement 2 (3) (d) is Non-compliant.

The Approved provider submitted an Assessment, Care and Services Policy which was developed on 17 January 2023 (first day of the site audit) and was provided to staff in attendance at the staff meeting held 09 February 2023, and staff were asked to provide feedback. I note the policy does not contain care planning directives that were discussed and documented following the staff meeting 09 February 2023. A memorandum was also sent to staff on 10 February 2023 summarising discussions from the staff meeting. Training relating to care plans and care plan reviews has been arranged to occur on 16 February 2023 for care staff and registered staff will attend training on 23 February 2023 to support further education on the electronic care management system. It is my opinion the care plan review process is still in the infancy stages of implementation and has not been tested for effectiveness. All staff have not received training in care planning and review at the time of my decision and feedback from staff regarding the Assessment, Care and Service’s Policy was not included in the Approved provider’s response to evidence staff satisfaction with the policy. This information has influenced my decision in deciding Requirement 2 (3) (d) is Non-compliant.

Consumers and representatives were advised by staff about consumers’ care needs and advised when care and services required review or change following an incident, change of status or change to treatment. However, wound care directives were not consistently recorded or monitored to support wound care delivery or review. Wound care management plans were not in pace for each consumer with an active wound, to provide guidance or information to support staff when delivering wound care.

Clinical oversight of wounds was ineffective, wound evaluations or effectiveness of wound care was not consistently assessed or documented. Wound charts were completed to demonstrate wound care was occurring however, the was a lack of documentation to demonstrate the appropriateness of the wound care delivery.

The Approved provider acknowledged there were gaps in wound management at the site audit and improvement actions were commenced during the site audit. Further actions have been included on the service’s Plan for continuous improvement including education provided to eight staff members at the staff meeting 09 February 2023. Minutes from the meeting evidence wound management was discussed and wound care processes were documented. A memorandum was circulated to registered staff 10 February 2023, summarising discussions held in relation to wound care. The Approved provider reviewed the Wound Management Policy on 23 January 2023. I note that while the policy was reviewed, it does not contain the wound management directives which were discussed at the staff meeting 09 February 2023. Mandatory training was completed for registered staff and management was held between 02 February 2023 and 10 February 2023. Training records indicate one registered staff member is yet to complete the Tissue viability – pressure injuries component of the training. The Plan for continuous improvement indicates the staff member who did not complete the mandatory training was provided with a letter on 13 February 2023, however the nature of the letter was not disclosed.

A wound list has been created and has been integrated as a standing agenda item for discussion at the Clinical governance and Executive director meeting. The wound list was submitted as part of the Approved provider’s response to the site audit report. I have reviewed the wound list and note there is no location listed of the wounds. For one consumer who is listed as having two skin tears, there are no directives on the frequency of wound care required for one of the skin tears. It is my opinion the wound list is insufficient guidance for staff to deliver wound care, in particular, staff who are unfamiliar with the consumers. A revised handover sheet has been created to ensure current wounds are reflected. I am unable to verify this process as the handover sheet included in the Approved provider’s response relates to Clifton Nursing Home not Nirvana Hostel. Random audits of wound charts have been included in the Plan for continuous improvement, to monitor compliance in completion of wound charting. I am unable to test the effectiveness of the random audits as no examples were included in the Approved provider’s response. Based on my review of actions taken by the Approved provider to remedy deficiencies in wound care, it is my decision these actions have not been tested or completed appropriately (including the wound list and policy) and this information has influenced my decision in deciding Requirement 2 (3) (d) is Non-compliant.

Consumers and representatives confirmed care and services were reviewed during impromptu discussions with staff, when the consumer’s circumstances or treatments changed, or following an incident necessitating a change of care. Care planning documentation noted assessments and care plans were scheduled for regular review. Staff were aware of incident reporting processes and how these incidents may trigger a reassessment or review. The service monitored clinical indicators, including pressure injuries, medication incidents, restrictive practices and falls. Referrals to Allied Health staff to review consumers in response to incidents were observed, as part of reassessment reviews or when changes to consumers’ condition occurred.

This Standard is Non-compliant as one Requirements is assessed as Non-compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives expressed satisfaction with the management of consumers’ personal and clinical care including pain, wounds, behaviours of concern and other complex care. Consumer care was safe and considered the individual consumers’ needs, goals, and preferences. Consumers and representatives were satisfied with the care provided by the service to manage consumers’ high risks. Processes to manage high impact or high prevalence risks associated with the care of each consumer including falls, and other complex, chronic medical conditions were effective. The service had processes to capture and analyse high impact high prevalence risks.

The Quality Officer collected and reported clinical incidents monthly to the organisation. The monthly Quality and Safety reports identified the incidence of high impact high prevalence risks, provided an analysis of the incidents, and identified actions taken in response to the incidents to minimise the risks.

Consumers and representatives advised the service was aware of consumers’ identified preferences for end of life care and were satisfied the service would provide the care they needed when their end of life phase commenced. Care planning documentation for consumers who had recently passed away, demonstrated how the service ensured their comfort and dignity was maintained and their needs and preferences met. Staff demonstrated an awareness of consumers who had specific preferences for end of life care as well as those consumers who did not wish to have any cultural or spiritual considerations included in their end of life care assessments.

The service had policies, procedures, and an end of life care pathway to guide staff practice when caring for consumers during their end of life phase. The service’s Plan for continuous improvement identified, and staff confirmed, there were inconsistencies in consumers’ end of life documentation and a lack of awareness amongst staff of palliative care services available for consumers nearing their end of life phase. Palliative care and end of life training was planned in 2023 as part of a quality improvement.

Care documentation, staff interviews, and clinical outcome data demonstrated that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition was recognised and responded to in a timely manner. The service had guidelines, policies, and referral processes available to guide staff in management and response to acute deterioration of consumers. The Medical officer who provided medical services for most consumers residing at the service, was the principle Medical officer at the co-located hospital and medical centre and was available to review consumers at short notice in the event of a deterioration.

Consumers and representatives confirmed staff demonstrated an understanding of the consumers and their care needs and felt consumers received the care they needed. Whilst clinical care for sampled consumers was noted to be inconsistently documented throughout the electronic care system, consumers and representatives stated, and staff confirmed, the consumers received care which was appropriate and met their clinical needs and preferences. In deciding Requirement 3 (3) (e) is Compliant, I have considered that incident data did not identify incidents related to lack of communication about consumer care because of inconsistent recording of consumer information.

Care documentation demonstrated staff notified the consumer’s Medical officer and their representatives when the consumer experienced a change in condition, experienced a clinical incident, was transferred to, or returned from hospital, or was ordered a change in medication. The service’s Plan for continuous improvement identified inconsistencies in documenting consumer information within the electronic care system including progress notes, assessments, and care plans. Staff were observed to use paper, hand-written documentation for handover and task lists.

Consumers and representatives sampled advised they are satisfied consumers had access to a Medical officer and other health professionals when required. Care documentation demonstrated timely referral and involvement of the Medical officer, allied health providers and staff advised how the input of other health professionals informed care and services for consumers. Registered staff followed the service’s referral policy and process and provided appropriate information about the consumer to the health professional being sent the referral.

Consumers expressed satisfaction with the infection control processes demonstrated by staff. Consumers stated the last COVID-19 lockdown was managed well and the service contained the outbreak to one area. Consumers had access to hand washing product and observed staff cleaning their hands frequently. The service demonstrated a consistent approach to infection control and minimisation including the use of screening procedures on entry to the service, infection prevention through contemporary clinical care and when an infection had occurred, appropriate use of antimicrobial and antiviral medications.

This Standard is Compliant, as all seven Requirements are Compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives confirmed the lifestyle program supported consumers’ needs and staff assisted consumers to be as independent as possible. While many consumers did not have completed or up-to-date Lifestyle Care Plans, staff demonstrated knowledge of consumers’ needs and preferences and the support they required to participate in activities or pursue individual interests. In deciding Requirement 4 (3) (a) is Compliant, I considered the satisfaction of consumers in the lifestyle program and observations relating to the variety of activities afforded to consumers.

Staff and volunteers described how they supported consumers when they were feeling low or needed emotional or psychological support. Volunteers and members from the local church groups visited consumers for conversation and encouragement when required. Care staff confirmed if they became aware that a consumer required emotional, spiritual or psychological support they would advise clinical staff.

While management and lifestyle staff advised that lifestyle care plans for most consumers were either not complete or need to be reviewed for accuracy, consumers said they felt supported to take part in activities within or outside of the service, and were encouraged to visit loved ones, and pursue things of interest to them. Staff described how they encouraged consumers to participate in activities of interest to them and maintain relationships with loved ones.

The activity schedule for November 2022, December 2022 and January 2023 included a range of activities to support the diverse needs and interests of the consumers including, men’s group, pet therapy, and celebrations for days of importance such as consumers’ birthdays, Australia Day and Christmas Day. Consumer meeting minutes dated 24 November 2022, 15 December 2022, and 16 January 2023 included an update from the lifestyle staff about upcoming activities and events and consumers were invited to provide feedback on the services and supports for daily living provided.

Consumers confirmed their services and supports were consistent and the staff knew their individual preferences. Hospitality and care staff were updated about the changing condition, needs or preferences of consumers as they related to services and supports for daily living. Volunteers described how they were provided with a list of consumers who require one-on-one support.

Timely and appropriate referrals to other individuals, organisations and providers occurred for consumers which assisted in meeting the diverse needs of consumers. Staff and volunteers described how referrals are made. Volunteers confirmed the lifestyle team will referred consumers to them for emotional support and conversation.

Consumers expressed satisfaction with the taste, quality and quantity of meals provided. Staff said, and consumers confirmed, consumers could provide input on the menu during food focus group and consumer meetings. The menus confirmed consumers were offered a range of choices. A dietitian review of the menu indicated that consumers were offered a variety of food with adequate opportunities to consume nutritious meals and drinks. The service’s menus listed a variety of options including the choice of a hot meal, salad or sandwiches for lunch and dinner; and a hot or continental style meal for breakfast.

Equipment was observed to be clean and serviced appropriately. Consumers provided feedback repairs were undertaken in a timely manner to equipment to support their independence.

This Standard is Compliant, as all seven Requirements are Compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers confirmed the service environment was welcoming and easy to navigate. The environment was observed to be welcoming, consumers rooms were decorated with personal belongings to optimise their sense of belonging, and consumers were observed interacting with visitors and other consumers in common areas. Consumers were observed navigating indoor areas with wide corridors and handrails and participating in activities and meeting visitors in indoor and outdoor common areas.

Consumers and representatives provided feedback that consumers’ rooms and common areas were clean and well maintained. Staff demonstrated effective processes to ensure the environment was safe, well maintenance and clean. Consumers were observed moving freely, both indoors and outdoors.

The maintenance register was reviewed daily and requests were prioritised and delegated to the maintenance staff or contractors as required. The maintenance register demonstrated, and consumers and staff confirmed, requests for maintenance were actioned in a timely manner.

Consumers confirmed furniture, fittings and equipment were clean, comfortable and well-maintained. Staff described the process for reporting faulty equipment and hazards and were able to demonstrate that requests for maintenance was actioned quickly.

This Standard is Compliant, as all three Requirements are Compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives felt encouraged, safe, and supported to provide feedback and make complaints and described the various methods available for them. This including speaking to management or staff directly, attending consumer meetings, and using feedback forms. Management had an open-door policy and undertook regular walks around the service seeking feedback from consumers and staff. Feedback boxes were located in each section of the service and feedback and complaints were a standard agenda item at consumer meetings and forums. The service undertook regular consumer surveys to consumers and representatives. The service’s complaints and feedback policies and procedures, consumer handbook and consumer meeting minutes demonstrated the service supports and encourages consumers and representatives to provide feedback and make complaints.

Consumers and representatives were aware of making complaints to The Commission and accessing advocacy services, such as those provided through the Older Persons Advocacy Network. Consumers and representatives advised they spoke with management or staff if they had a complaint and would seek external complaint bodies if they needed to. Staff demonstrated a shared understanding of the internal and external complaints and feedback avenues, and advocacy and translation services, available for consumers or representatives. Staff described how they would assist consumers who had a cognitive impairment or difficulty communicating to raise a complaint or provide feedback. The service had posters promoting external complaints mechanisms, including advocacy services. The consumer handbook included information regarding internal and external complaints agencies to inform consumers and representatives of the complaints processes available to them.

Consumers or representatives who had made a recent complaint or had provided feedback to the service, confirmed management addressed their concerns in a timely manner and implemented agreed improvement actions. Management and staff demonstrated a shared understanding of the process that was followed when feedback or a complaint was received, and an open disclosure process was applied when things went wrong. Staff confirmed that if consumers or representatives were to raise an issue with them directly, they would promptly inform management for investigation and remedial actions.

Management advised consumer feedback was regularly sought in relation to various areas of care and service delivery via focus groups. For example, food focus groups were held monthly, and menu items were developed in consultation with consumers. Consumers and representatives confirmed they could provide feedback and make suggestions which were taken into consideration by management. The service trended, and analysed complaints, feedback and concerns raised by consumers and representatives and used this information to inform continuous improvement activities.

This Standard is Compliant, as all four Requirements are Compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The workforce at the service was planned to enable the delivery of safe and quality care and services. Consumers and representatives considered there were enough staff at the service to meet consumer needs. Management had contingency plans to replace staff when required and rosters were reviewed on a regular basis to ensure staff allocations were adequately meeting changing consumer needs and preferences. The service used a base roster for permanent staff and casual staff were used to fill remaining shifts. When the service experienced unplanned leave, staff were notified via a text message or phone call. If any shifts remained vacant, agency staff were utilised where possible.

Lifestyle staff reported they had insufficient time to complete lifestyle care plans. As part of the Approved provider’s response to the site audit report, a review of the Lifestyle care plan schedule was undertaken, and all consumers had a Lifestyle care plan in place. Extra resources have been allocated to the lifestyle team to assist in developing and reviewing care plans. While the Approved provider has stated all consumers had a lifestyle care plan, the lifestyle care plan review schedule indicates five consumers do not have a lifestyle care plan and seven consumers require a review of their lifestyle care plan. In deciding Requirement 7 (3) (a) as Compliant I have given weight to the positive feedback provided by consumers and representatives in relation to the lifestyle program and the allocation of additional resources to remedy this deficiency.

Consumers and representatives provided positive feedback in relation to workforce interactions and confirmed staff were kind, caring and treated consumers well. Consumer satisfaction surveys were conducted to assess consumers’ satisfaction with staff interactions and staff performance against the organisation’s expectations. Care documentation identified staff used respectful language when describing consumers’ care needs.

Consumers felt staff were knowledgeable and felt safe when staff were providing cares. Staff competency was monitored via consumer and representative feedback, audits, surveys and reviews of clinical records and care delivery. The service had processes for monitoring criminal record checks and Australian Health Practitioner qualifications for staff. The service’s criminal record check register identifies staff criminal check records were up to date.

Staff were provided with training, support, professional development and supervision during orientation and on an ongoing basis and their requests for further training and education was supported by management. Care staff described how they were undertaking professional development opportunities, such as completing a Certificate III in Nursing or leadership training, to enhance their skills and knowledge.

The service demonstrated that staff performance was assessed and monitored by management, however annual performance reviews were not completed for all staff, as per the performance review procedure. As part of the Approved provider’s response to the site audit report, the Performance Policy and Procedures has been reviewed and updated to reflect staff will undertake performance reviews every two years. In deciding Requirement 7 (3) (e) is Compliant, I have considered the positive feedback provided by consumers and representatives in relation to the conduct and practices of staff and the service had other methods of monitoring staff practices.

This Standard is Compliant, as all five Requirements are Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers considered the service to be well run and felt they could provide feedback and suggestions to management. Documentation confirmed that consumers were provided with opportunities to be involved in the development, delivery and evaluation of care and services at consumer meetings and via consumer feedback forms and satisfaction surveys. Consumer and food forum meeting minutes and food satisfaction surveys demonstrated consumers and representatives were engaged and supported to be involved in the evaluation of care and services.

The organisation’s governing body promoted a culture of safe, inclusive and quality care. The Board of Directors met monthly with service management to review information relating to clinical and incident data and trend analysis, operational and financial information, results of internal audits, surveys and complaint trends. The Board used this information to identify the service’s compliance with the Quality Standards, to enhance performance and mitigate risks, and to monitor and take accountability for care and service delivery. The Board communicated with consumers and representatives and staff regarding updates on policies, procedures or changes to legislation, via staff meetings and memorandums, emails, newsletters, and training. A member of the Board attended consumer meetings to monitor and take accountability for care and service delivery.

Information management systems were ineffective, including policies did not align with legislation, procedures did not reflect policies and care and wound documentation was not complete or accessible. The service’s Restrictive Practice Policy did not reference consent arrangements and the revised types of restrictive practices, outlined in the *Quality of Care Amendment (Restrictive Practices) Principles 2022.* As part of the Approved provider’s response to the site audit report, the Plan for continuous improvement contained information the Restrictive Practice Policy was reviewed and updated. The policy was attached to the Approved provider’s response which demonstrated current and correct information in relation to restrictive practices.

The Incident Management Policy did not reference legislative requirements, such as the services responsibilities in relation to reportable incidents, outlined in the *Aged Care Legislation Amendment (Incident Management and Reporting) Instrument 2022.* As part of the Approved provider’s response to the site audit report, the Plan for continuous improvement contained information the Incident Management Policy was reviewed and updated. While the policy has been reviewed the definition of a reportable incident was not included in the policy, and neither was a pathway to report a reportable incident. I am not satisfied the revised policy contains sufficient information to guide staff in the reportable incident process, therefore this information had influenced my decision in deciding Requirement 8 (3) (c) is Non-compliant.

The service’s policies and procedures did not align in relation to staff performance reviews. The performance policy has been updated to align with procedures to review staff performance every two years. I have not considered this information in reaching a decision for Requirement 8 (3) (c) as I am satisfied the service has remedied this process and there were other mechanisms in place to monitor staff performance as recorded in Requirement 7 (3) (e).

Lifestyle care plans were not in place for all consumers and information was not recorded in relation to consumers’ preferences for lifestyle activities. As part of the Approved provider’s response to the site audit report, a review of the Lifestyle care plan schedule was undertaken, and all consumers had a Lifestyle care plan in place. While the Approved provider recorded in the Plan for continuous improvement every consumer had a Lifestyle care plan, the lifestyle care plan schedule indicated five consumers did not have a Lifestyle care plan and seven consumers required a review of their Lifestyle care plan. This information has influenced my decision in deciding Requirement 8 (3) (c) is Non-compliant as it does not support effective information management systems.

End of life preferences and wishes for consumers was not consistently recorded in consumer care plans. The Approved provider recorded in the Plan for continuous improvement end of life discussions are attempted when consumers enter the service, however, as it is a sensitive subject, there is often resistance to discuss this matter. The Plan for continuous improvement records where appropriate End of life care plans will be completed by 15 February 2023. An example of two discussions held with consumers and their representatives relating to their end of life wishes was submitted as part of the Approved provider’s response evidenced a discussion was held with the consumers and their representative. I have not given weight to the lack of end of life care planning documentation in making the decision for Requirement 8 (3) (c)

as I am satisfied with actions recorded in the Plan for continuous improvement will remedy deficits in relation to the recording of end of life wishes for consumers.

Information recorded in wound management plans was insufficient to guide staff practice when delivering wound care. The Approved provider acknowledged there were gaps in wound management at the site audit and improvement actions were commenced during the site audit. A wound list was submitted as part of the Approved provider’s response to the site audit report. I have reviewed the wound list and note there is limited information recorded on the wound list, including the location of the wound. It is my opinion the wound list contains insufficient information for staff to deliver wound care. I have given weight to this information when making the decision Requirement 8 (3) (c) is Non-compliant as I am not convinced the deficits in information relating to wound care directives has been remedied.

The organisation was able to demonstrate effective continuous improvement, financial and workforce governance and feedback and complaints mechanisms. In relation to regulatory compliance the organisation’s policy regarding incident management and restrictive practices did not align with legislation. I have considered this information under the information management component of Requirement 8 (3) (c).

Effective risk management systems and processes for identifying risks associated with the care of the consumers were in place, including identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they could, and managing and preventing incidents. Clinical indicators were monitored daily by the care managers to ensure all clinical risk areas were addressed in a timely manner. Serious incidents were identified and reported to the Serious incident response scheme within the reporting timeframes.

The organisation had effective systems to measure, monitor and improve the safety and quality of clinical care and services to promote optimal consumer outcomes and clinical experience. While the policy relating to restrictive practices did not contain contemporary information, Restrictive practice reports were analysed weekly to ensure the consent was current and for continuous improvement opportunities with the aim of reducing the use of restrictive practices. Management met with clinical staff weekly to ensure restrictive practices were being implemented appropriately. Staff demonstrated a shared understanding of how the service practiced open disclosure, including being open, transparent and apologising when things went wrong. Infections and antimicrobial reporting are a standing agenda item at management meetings. The appropriate use of antibiotics and antiviral medication was in accordance with contemporary infection control processes.

This Standard is Non-compliant as one Requirement is Non-compliant.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)